



## Colorado Community Association Manager / Apprentice / Provisional License Application

In compliance with Title 12, Article 61, Part 10, C.R.S., I hereby apply for a community association manager's license:

### Select License Choice:

**Community Association Manager**

**Apprentice**

**Provisional**

### Section 1. Personal Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Email Address \_\_\_\_\_ SSN (required, 24-34-107 C.R.S.) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please complete the below information. If you do not have a high school diploma or G.E.D., you will be unable to proceed with your Community Association Manager's license application.

\_\_\_\_\_ I have obtained a high school diploma.  
Initials \_\_\_\_\_ Name of High School Attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

\_\_\_\_\_ I have successfully completed my G.E.D.  
Initials \_\_\_\_\_ Name of Issuing Institution \_\_\_\_\_ Graduation Year \_\_\_\_\_

### Section 2. Other Jurisdictional Occupational Licenses

Please initial next to each answer for the below questions:

\_\_\_\_\_ **Yes** **2.1** Are you now, or have you ever held a community association manager's license in Colorado or any  
\_\_\_\_\_ **No** other jurisdiction? If yes, please list below. **If you answer yes to this question, you must include a certified  
\_\_\_\_\_ license history for any license held outside of Colorado:**

License Type: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
License Type: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Yes** **2.2** List all other current or previous occupational or professional registrations, licenses or certificates (i.e.  
\_\_\_\_\_ **No** real estate broker, appraiser, loan originator, insurance, securities, etc.):

License Type: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
License Type: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

License Type: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

## Section 2. Other Jurisdictional Occupational Licenses (cont.)

\_\_\_\_\_ **Yes** 2.3 Have any of the registrations, licenses or certifications listed in questions 2.1 or 2.2 ever been denied, disciplined, revoked, suspended or had a renewal denied or is the license the subject of a consent agreement or the subject of a current investigation?  
\_\_\_\_\_ **No**

**If yes, you must submit the following documents:**

1. A signed, written statement including name of agency, license type, dates, nature of alleged infraction and disposition.
2. A copy of the original charges or complaint against you.
3. A copy of any agency order or other notification of the action taken.
4. A confirmation of the current status of the license, certification or registration.

## Section 3. Qualifying Education & Examination Information

*Please include a copy of your qualifying education or designation certificate with this license application. If you currently hold a community association manager's license in another jurisdiction, and have held that license for more than 2 years, a certified license history will replace your qualifying education/designation requirement.*

\_\_\_\_\_ Please check here if you have included a copy of your education certificate or proof of qualifying designation (CMCA, AMS, PCAM, etc.), or your certified license history if licensed as a CAM in another jurisdiction for 2 years or more.

\_\_\_\_\_ General Portion Exam Completion Date

\_\_\_\_\_ State Portion Exam Completion Date

## Section 4. Background Information

*Please answer all of the below questions. Failure to answer any of these questions will result in the return of your application as incomplete. **DO NOT** include misdemeanor traffic violations, municipal code violations or petty offenses.*

\_\_\_\_\_ **Yes\*** Have you ever been convicted or pleaded Nolo Contendere to any felony or misdemeanor?  
\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes\*** Have you ever been incarcerated or in custody, or placed on parole, probation or any other type of court ordered supervision in a criminal case?  
\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes\*** Have you ever agreed to a deferred sentence or a deferred judgment with respect to any felony or misdemeanor, or are currently subject to the terms of a deferred prosecution?  
\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes\*** Have you ever been charged with any felony or misdemeanor or are such charges pending or under investigation?  
\_\_\_\_\_ **No**

\*If you answer yes to any of the questions in Section 5, you must list below the nature of each charge, conviction or other circumstances. If any of the above occurred within the last ten years, you must also submit the "Addendum to the Application for Community Association Manager's License", located within this application packet.

**IMPORTANT:** Failure to disclose any required information is grounds for denial. Use additional sheets if necessary.

### Nature of Charge or Conviction

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Section 5: Employment Information

Please indicate the manner in which you wish to be licensed:

\_\_\_\_\_ I am requesting an **inactive license** at this time, and understand that an additional form and fee will be required upon my request to move to active status.

\_\_\_\_\_ As a manager licensed under the supervision of the designated manager shown below:

*This section must be completed by the designated manager. By signing below, I am attesting to the fact that I am currently an active licensed community association manager by whom the above applicant is to be employed. I certify that pursuant to Rule F-9, I have informed this applicant of the written office policy, and I will properly supervise this employee during their employment with me.*

\_\_\_\_\_  
Designated Manager's Name

\_\_\_\_\_  
Designated Manager's License Number

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business License Number

\_\_\_\_\_  
Designated Manager's Signature

\_\_\_\_\_ As an **Individual Proprietorship**. If you wish to use an individual trade name, you must include an Individual Trade Name Affidavit available from the [Colorado Secretary of State's website](http://dora.colorado.gov/dre). An individual proprietor is a person who engages in business as an individual natural person with or without a trade name. This designation is **not** for persons doing business as corporations, partnerships or limited liability companies. Please complete the below information.

\_\_\_\_\_  
Trade Name (if any)

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
E&O Insurance Company

\_\_\_\_\_  
E&O Policy Number

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Expiration Date

☐ Crime Fidelity Coverage in Effect

\_\_\_\_\_ As the **designated manager** for a corporation, partnership or limited liability company. If this company is not yet licensed with the Colorado Division of Real Estate, you must complete the **Application for New Corporation, Partnership or LLC**, and submit an additional license fee required by that application. If the company is already licensed, please complete the information below:

\_\_\_\_\_  
Name of Currently Licensed Company

\_\_\_\_\_  
License Number

\_\_\_\_\_  
E&O Insurance Company

\_\_\_\_\_  
E&O Policy Number

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Expiration Date

☐ Crime Fidelity Coverage in Effect

\_\_\_\_\_ As a manager licensed as a **w-2 direct employee** of a common interest community. As a licensed employee of a common interest community, there is no requirement to designate a qualified active designated manager or provide proof of meeting the entity insurance requirements pursuant to Director rules D-9 and D-10.

Name of  
Association \_\_\_\_\_

## Section 6: Immigration Affidavit to Verify Lawful Presence

This section is to be completed by the license applicant. **Acceptable ID types are as follows:** State issued driver's license or ID, government issued ID, U.S. Passport, U.S. Citizenship certificate, U.S. Military ID, Tribal ID, Resident Alien/Permanent Alien Card, Valid Temporary Resident Card, Valid Foreign Passport, Valid I-94 or Valid I-766 (employee authorization card). Please initial your selection.

### A. Lawful Presence

\_\_\_\_\_ I am a U.S. citizen. Enter the acceptable secure and verifiable document in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request. Complete documentation must be provided upon request.

\_\_\_\_\_ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Enter the acceptable secure and verifiable document in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.

### B. Secure & Verifiable Document

Government Issued Identification	Name of state/federal agency that issued document	Full name as shown on ID	License/ID number	Expiration Date

## Section 7. Attestations

*Please initial next to each answer below:*

\_\_\_\_\_ I understand that if I have no registered agent in this state, such registered agent is not located under its registered agent's name at its registered agent's address, or the registered agent cannot with reasonable diligence be served, I may be served by registered mail or by certified mail, return receipt requested, addressed to the entity at its principal address. The consent hereby given shall be deemed to be continuing and is irrevocable.

\_\_\_\_\_ I understand that the sworn statement made in Section 6 of this application regarding lawful presence is required by law because I have applied for a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.

\_\_\_\_\_ I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.

\_\_\_\_\_ I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

\_\_\_\_\_ I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

**APPLICANT  
SIGNATURE**

\_\_\_\_\_ **DATE** \_\_\_\_\_

Submit this completed form to the Division of Real Estate at the address listed at the top of page one of this application. Payment must be made via check or money order, made out to "DORA". Fee information is located on our website.